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Jun 04 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000086237 (9)  
1. Corporation Name  
ORQUIDEA, INC.



Principal Place of Business: 19360 LIBERTY RD BOCA RATON FL 33434  
Mailing Address: 19360 LIBERTY RD BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) / 2a. Mailing Address (24-26) / 3. Date Incorporated or Qualified: 10/07/1997 / 4. FEI Number (27-30) / 5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required / 6. Election Campaign Financing: [X] \$5.00 May Be Added to Fees / 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: [ ] Yes [X] No

9. Name and Address of Current Registered Agent: ARDILA, FERNANDO, 19360 LIBERTY RD, BOCA RATON FL 33434 / 10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | D                   | <input type="checkbox"/> DELETE |
| NAME           | ARDILA, FERNANDO    |                                 |
| STREET ADDRESS | 19360 LIBERTY RD    |                                 |
| CITY-ST-ZIP    | BOCA RATON FL 33434 |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> DELETE |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change  Addition

**DILIGENCIA DE RECONOCIMIENTO DE FIRMA Y HUELLA**  
En la Notaría Cuarenta del Circo de Santafé de Bogotá D.C.  
Comparación: ARDILA, FERNANDO  
ARDILA, FERNANDO  
quien exhibió la C.C. 361720  
expedida en \_\_\_\_\_  
declaró que la firma y huella que aparecen en el presente documento son verdaderas y que el contenido del mismo es cierto y verdadero.

Firma autógrafa del declarante

11 MAYO 1998  
GUSTAVO CASTILLO ZARATE  
Notario Cuarenta  
Bogotá, D.C.

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made by the officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. If my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: FERNANDO ARDILA 05/20/98 561-488-1539  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0332442

CR2E034 (10/97)